



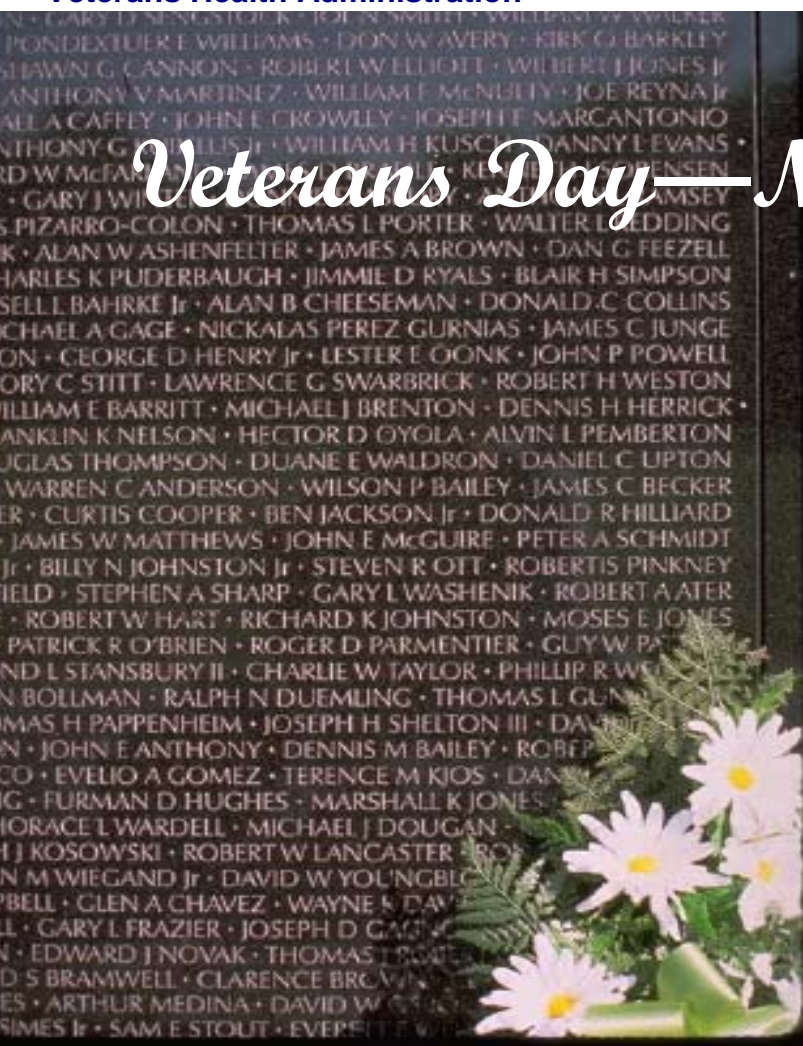
Health *POWER!*

Prevention News

Veterans Health Administration

November 2004

Veterans Day—November 11, 2004



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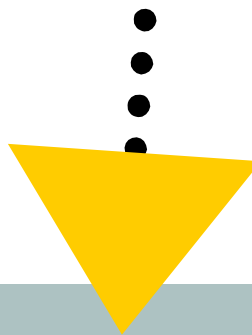
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What's on NCP's Calendar



Past

- * VA Prevention Speech at VA Physician Assistant Association, October 11, 2004.
- * National Bone and Joint Decade Week, October 12-20, 2004.
- * National VA Weight Management Executive Council Meeting, Chapel Hill, NC, October 13-14, 2004.
- * Present Executive Decision Memorandum Regarding Self-Help Books at Health Systems Committee, October 19, 2004.
- * Task Force on Community Preventive Services—Atlanta, GA, October 20-21, 2004.
- * "Steps to a Healthier Workforce 2004" – NIOSH Employee Wellness Conference, October 26-28, 2004. Two NCP posters.
- * VISN 8 Primary Care Conference - *MOVE!* Presentation, November 1-2, 2004.
- * QMIC Presentation, November 3, 2004.
- * National "Veterans on the MOVE," Veterans' Day Activity, November 5, 2004.
- * Veterans Day 4K run—Northport VA Medical Center, November 13, 2004.
- * AMSUS Meeting, November 14-19, 2004. NCP exhibit.
- * NCP presents *MOVE!* the VA's Answer to the Obesity Epidemic—NAASO, November 16, 2004

Future

- * SOMA, Tampa, FL, December 12-16, 2004
- * Pedometer Panel Meeting, Chicago, IL, December 14-16, 2004
- * Prevention Field Advisory Meeting, Washington DC, February 15-16, 2005
- * VA prevention speech at Navy Health and Environmental Center, Norfolk, VA, February 22, 2005
- * Annual PC Course, Some Great Place, Date to be Determined

Holiday Observances

- * Hanukkah—Begins December 8, 2004
- * Christmas Day—December 25, 2004
- * Kwanza—Begins December 26, 2004
- * New Year's Day—January 1, 2005
- * Martin Luther King Day—January 17, 2005

Prevention Topics

- ♣ December 2004—HIV/AIDS
- ♣ January 2005—Weight Management

NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for "All Things Prevention", to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

From the Director's Desk...

Steven J. Yevich, MD, MPH

Some pleasant warm Yevich thoughts for the Holidays

End of year. Holidays are here, and so soon. Life's a Blitz, but most of us realize it only when we're on the downslope, and Life's going 100 mph, and we can't remember what happened to all the days between age 21 and yesterday. So, here's some comforting and soothing guidance while you live through the holiday season and begin the New Year.

What happens during the Holiday? You know the routine, and you have seen the numerous articles giving Holiday advice out there – the Reader's Digestion, hometown Sunday paper articles, health-minded Men's and Women's magazines – all giving you "best tips" on how to avoid the pitfalls of Holiday eating and drinking. ...Even on TV – "Holiday tips for health"; "How to make New Year resolutions," etc. Hey, what do they know?

Do you really need someone to tell you what to do? Then listen to me.

Yevich's Numerous, but Simple Tips.

1. **Have a MODERATE holiday.** No "blow outs;" no "getting it out of your system;" no "going wild." Put on your Granny flannel nightgown, and get some sense in your life!
2. **Be content** – approximately half the time. Make sure you can say on Sunday nights that you were satisfied with the previous week and weekend. You don't have to be bubbly-happy. You don't have to have accomplished big goals. You don't have to have been on vacation. Just be able to say "if I die or have a health calamity on Sunday night, I will be satisfied enough with the Life I have just led while I was healthy." If you can't say this, on Monday morning, take some positive steps toward fixing the situation before the next Sunday night. For instance... *(read on)*



Sometimes it's tough to appear content and relaxed

3. **Finish something.** Find something each week that you can say you finished or accomplished, whether at home or at work. Something that has an ending, a finality, to it. Like putting up outside lights; mowing the lawn; straightening out your desk; submitting your travel voucher; doing the laundry, balancing your checkbook; following up on this week's labs; taking the stairs to your 5th floor office. Don't make ME tell you what has beginnings and endings in your life – YOU decide, but make it do-able. Hey, how about taking a walk around the block after every football game on TV? There's an accomplishment that has a sedentary stimulus with a healthy counterbalance – and costs only time.
4. **Eat in MODERATION!** Do not force yourself to suffer in extreme deprivation, however, **DO NOT GAIN ANY MORE WEIGHT!** Eat and enjoy food, but watch with a measuring eye how much you take in, and consciously cut it back if you're a weight-gainer. (The Nutritionists have many better day-to-day practical tips how to do this.) You CAN eat chocolate mousse because you "deserve it," but, darn it, you have to pay back by cutting out something else, or by walking the extra six miles to roll off the calories. No excuses. ...and, by gosh, don't listen only to the "you

(Continued on page 6)

From the Chief of Staff...

Mary B. Burdick, PhD, RN



The past several weeks at NCP have been very productive. NCP submitted three abstracts that were accepted for presentation at the VA Health Services Research & Development Annual Meeting in Washington DC in February, 2005. "Factors Related to Racial

Disparities in Influenza Immunization Among Veterans Aged >50" will be an oral presentation by Dr. Kristy Straits-Troster. "Physical Activity Levels and Barriers Among Patients Enrolled in a VA Weight Management Program", and "Implementation in VHA of NHLBI Guidelines on Identification and Treatment of Overweight/Obesity" will be presented as posters by Drs. Leila Kahwati and Linda Kinsinger. In addition, NCP has a manuscript accepted for publication in April 2005 issue of the American Journal of Preventive Medicine; "Obesity Prevalence Among Veterans in Veterans Affairs Medical Facilities". Dr. Linda Kinsinger and several other NCP staff members were coauthors on this paper.

NCP posters on *MOVE!* for employees and VA Employee Wellness were presented by Dr. Ken Jones and Rosemary Strickland at the National Institute of Occupational Safety and Health meeting October 26-28 in Washington DC.

Ken Jones, PhD, *MOVE!* Program Manager, presented an update on the status of the *MOVE!* program at the Annual VISN 8 Ambulatory Care Conference at Bay Pines, Florida, on November 1st. VISN 8 is one of the Early Implementation Sites for *MOVE!* He will also be presenting the program on December 9th at the VISN 8 Executive

Leadership Board meeting in San Juan, Puerto Rico, along with Ms. Pat Ryan, VISN 8 *MOVE!* Program Coordinator.

Dr. Steven Yevich, NCP Director, spoke at the Quality Management Integration Council meeting in Washington, DC on November 3rd. He provided a comprehensive briefing on the Center's prevention activities for the past year and discussed Center plans for the future.

VA staff and veterans across the nation participated in the 2nd Annual "Veterans on the Move" event on November 5th, in conjunction with the 1st annual "America on the Move" event. Many VISNs participated and local event coordinators provided pictures of their events, some of which can be seen in this newsletter. A formal report regarding these exciting health promotion events will be forwarded to VHA leadership.

Dr. Yevich traveled to the Northport VAMC in New York to host an NCP booth at the annual Veterans Day Run on November 13th. Pedometers and other NCP prevention promotional material were provided to veteran participants. Pictures of the event can be seen in this edition of the newsletter.



Col. Gaston Bathalon, Dr. Richard Harvey, and Maj. Christine Hunter

Dr. Richard Harvey, NCP Assistant Director, Preventive Behavior, presented "*MOVE!* – the VA's Answer to the Obesity Epidemic" at NAASO, the North American Association for the Study of Obesity meeting on November 16th, 2004, as part of a symposium on "Weight Management in the Military." Other

symposium speakers included Col. Karl Friedl, Col. Gaston Bathalon, and Maj. Christine Hunter. Dr. Charles Billington, Dr. Louis Aronne, Dr. Samuel Klein, Dr. Thomas Wadden, and Dr. Susan Yanovski from the NCP Weight Management and Physical Activity Executive

(Continued on page 5)

(Continued from page 4)

Council were also in attendance at the NAASO Annual Meeting.

NCP represented VA prevention at the Annual Meeting of the Association of Military Surgeons of the US in Denver. Dr. Steve Yevich, NCP Director, was a featured speaker at the plenary session on governmental fitness initiatives, chaired by Vice Admiral Dr. Richard Carmona, the US Surgeon General. The NCP hosted display booths featuring both NCP activities in



Dr. Steve Yevich, Dr. Jon Perlin, Dr. Mary Burdick, Dr. Linda Kinsinger, Dr. Ken Jones, Dr. Richard Harvey

general, and the MOVE! program in particular. A display was devoted to the Early MOVE! implementation sites, featuring VISNs 2, 8, 16 and 23. The popular booth was visited by numerous high level dignitaries including US Acting VA Under Secretary for Health Dr. Jon Perlin, Acting Deputy Under Secretary Dr. Michael Kussman, Surgeon General Vice Admiral Dr. Richard Carmona, and many others.



Pam Frazier

Congratulations also go to NCP staff member, Ms. Pam Frazier for completing a bachelor's degree in Business Administration while also working full time at NCP. Way to go, Pam!!

NCP's Calendar Year 2005 Prevention Topics

Listed below are NCP's monthly prevention topics for 2005:

Month	Topic
January	Weight Management
February	Heart Disease
March	Colorectal Cancer
April	Aging
May	Stress Management Women's Health Week
June	Hepatitis
July	Breast/Cervical Cancer
August	High Blood Pressure
September	Influenza/Pneumococcal
October	Depression Screening
November	Veterans on the <i>MOVE!</i> /Tobacco
December	Alcohol/Substance Abuse

Patient handouts for each prevention topic will be available on NCP's website:
www.VA.prevention.com



What's New in 2005!

Look for:
NCP's Annual Calendar of Events and Important Dates

Expected to post on website in January 2005

(Continued from page 3)

deserve it" part of the advice; remember the payback, and don't cheat yourself!

5. **Stop tobacco use.** Period, end. No discussion. Not even because you "deserve it". Not even because you "need something to calm your nerves." No excuses. Stop.
6. **Do not abuse drugs.** You ever notice the amount of litigation involving adverse health effects due to legitimate, FDA-approved, drugs? Well, take a small guess what the "illicit," non-FDA approved, drugs are doing to you. What? Are you a **foo**? You think long-term adverse health effects don't happen with illicit drugs? You think it's not going to happen to you?!? Duh. (*Oh, and don't pretend you're fooling anyone else when you "don't count" marijuana!*)

OK, so now I'm rolling. Listen up!

7. **Alcohol?** All I can say is MODERATION! Recent literature and previous admonitions make the medical advice appear contradictory, and therefore make it ripe for self-misinterpretation. Some people actually think that if one glass of red wine is good for you, a whole bottle must really be healthy! ...and that if you don't specifically have red wine for the previous week, you can drink a whole bottle to "catch up" on the health benefits. If you try to go FOR ONE FULL MONTH without drinking anything with alcohol, and you find yourself making an excuse to have one drink, no matter how small, you have a problem. Try it! No excuses, remember. Don't lie to yourself. Get real! Get help.
8. **Calm down** your Stressed-Self. Down down down. To paraphrase the recent Internet psychobabble, think more about filling the Jar of Life with a few golf balls, rather than a million grains of sand. Ahhhh, sweet Serenity. Hey, I've been trying this trick: **Lower your expectations.** It seems to help, except with money issues.



Don't take yourself too seriously. (Headrest covers make good hats.)

9. **Laugh.** Don't take yourself too seriously. It's said that laughing is "exercise for your insides." Life's too short not to laugh every day – and insist that it's at YOURSELF at least half the time. Laughing at other people is cynicism and nasty -- NOT what I'm talking about.

Moderation is the key to life.

When lacking guidance on behavior over the Holidays, think "MODERATION," ...and no excuses. Life to Extremes is stupid. Bravado is only

adventurous and gallant when you survive unscathed. There is nothing worse than being the crippled fool because your front tire blew while driving 100mph – or the castrated fool who tried to ride the handrail on a skateboard; or the horned fool who was riding a bull – unless you do these things to earn a living. Remember Yevich's famous "Biker Bar analogy." No male vet has any problem understanding that it would be folly to go to a Hell's Angels bar wearing a dress and an "I Love Bin Laden" T-shirt, and order a Chardonnay, and yell out "Harley's suck!" Get it? So don't do other similar stupid things that have fairly predictable, and calamitous, outcomes. Most importantly, realize that this extends to all situations of life – not just acute, immediate decisions like these examples portray, but also the chronic, accumulative, long-termed behavioral choices that get under the radar screen because they're insidious. Don't risk messing up your whole health plan by going overboard because it's Holiday time.

Listen to experience. Don't live by experience when it comes to your health.

Oh, by the way, I speak from experience. *Stooo-pid? Oh yeah!*

Best Wishes for the Holidays and the New Year. Don't get on top of the Ridge; stay away from the Edge.

yevich out

VA NCP at AMSUS

David A. Pattillo, MHA

Assistant Director, Field Operations, VA NCP



Selected staff recently attended the Association of Military Surgeons of the United States (AMSUS) Convention in Denver, Colorado, to continue to present the hard work being done by all levels of leadership in the VA in the area of "Prevention." Representing the NCP were the Director, Dr. Steve Yevich; Chief of Staff, Dr. Mary Burdick; the Assistant Director for Policy, Program, Training and Education, Dr. Linda Kinsinger; the Assistant Director for Center Operation, David Pattillo; the *MOVE!* Project Manager, Dr. Ken Jones; and Michael Anderson, Program Support Assistant.

Once again the NCP presented a wide panorama of important VA prevention activities from its NCP booth highlighting your role in "All Things Prevention." Over 1,000 conference attendees viewed presentation posters, received handouts, and discussed prevention topics

effecting both the active duty military and veterans with NCP staff members. Notable among the many VIPs that visited the NCP booth during the conference were Dr. Jonathan B. Perlin, MD, PhD, Acting Under Secretary for Health and Dr. Michael J. Kussman, MD, Acting Deputy Undersecretary for Health, and Laura Miller, Deputy Undersecretary of Health for Operations and Management.



NCP Booth



Dr. Kussman, Acting Deputy Undersecretary for Health and Dr. Yevich discuss the finer points of "All Things Prevention"

Posters from the NCP presented the *MOVE!* Program, emphasizing the implementation sites at VISNs 2, 8, 16, 23 and VA Medical Centers in West Los Angeles (Greater Los Angeles Medical Center), Connecticut Medical Center (West Haven, CT), Washington, DC, and Dallas, TX (VA North Texas). Pictures of 2004 VA Prevention Champions (Clinical, Administrative, Team) were also prominently displayed. Activities involving the Flu/Pneumococcal Toolkit, research and Education/Training interaction with VHA activities served to demonstrate the role NCP performs in VA prevention.



Dr. Jonathan Perlin

Keynote speeches by the Under Secretary, Dr. Perlin, as well as Deputy Under Secretary (Dr. Kussman) rounded out the special VA breakout session on Wednesday, where the numerous VA recipients of AMSUS awards were recognized.

More AMSUS pictures can be viewed on VA NCP's website: www.VAprevention.com



NCP Staff with Dr. Perlin, Dr. Jesse and Dr. Kussman

Assessing Patients' Emotional and Spiritual Needs

(The complete article will be featured in several editions of HealthPOWER! Prevention News)

by Paul Alexander Clark, Maxwell Drain, M.A., Mary P. Malone, M.S., J.D.

Background: A comprehensive, systematic literature review and original research were conducted to ascertain whether patients' emotional and spiritual needs are important, whether hospitals are effective in addressing these needs, and what strategies should guide improvement.

Methods: The literature review was conducted in August 2002. Patient satisfaction data were derived from the Press Ganey Associates' 2001 National Inpatient Database; survey data were collected from 1,732,562 patients between January 2001 and December 2001.

Results: Data analysis revealed a strong relationship between the "degree to which staff addressed emotional/spiritual needs" and overall patient satisfaction. Three measures most highly correlated with this measure of emotional/spiritual care were (1) staff response to concerns/complaints, (2) staff effort to include patients in decisions about treatment, and (3) staff sensitivity to the inconvenience that health problems and hospitalization can cause.

Discussion: The emotional and spiritual experience of hospitalization remains a prime opportunity for QI. Suggestions for improvement include the immediate availability of resources, appropriate referrals to chaplains or leaders in the religious community, a team dedicated to evaluating and improving the emotional and spiritual care experience, and standardized elicitation and meeting of emotional and spiritual needs. Survey data suggested a focus on response to concerns/complaints, treatment decision making, and staff sensitivity.

Researchers' interest in the connections between mind and body^{1,2} coincides with increasing interest in the holistic view of health care, in which emotional and spiritual needs are considered inextricable from physical and psychological needs.³⁻¹⁰ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has acknowledged that patients' "psychosocial, spiritual, and cultural values affect how they respond to their care"¹¹ (p. RI-8) and has addressed spirituality and emotional well-being as aspects of patient care. For example,

Standard RI.1.3.5 refers to "pastoral care and other spiritual services." (p. RI-15) The intent for Standard RI.1.2.8, "The hospital addresses care at the end of life," (p. RI-13) refers to "responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and family."

Hospitals have often assigned the responsibility to address emotional and spiritual issues to chaplains or to pastoral teams. Yet others — nurses, physicians, clinicians, and other caregivers—play equally important roles. The hospital staff's ability to address patients' emotional and spiritual needs factors in to patients' perceptions of the overall experience of care, the provider, and the organization. For example, as Shelton observed:

Patients need to feel that their circumstances and feelings are appreciated and understood by the health care team member without criticism or judgment. . . . If patients feel that the attention they receive is genuinely caring and tailored to meet their needs, it is far more likely that they will develop trust and confidence in the organization."¹² (p. 63)

No comprehensive literature review currently exists to guide hospital wide management of patients' emotional and spiritual needs. This article provides a literature review of hospitalized patients' emotional and spiritual needs and presents survey findings on the importance of these needs in patients' perceptions of care. Three questions are addressed:

1. Are patients' emotional and spiritual needs important?
2. Are hospitals effective in addressing these needs?
3. What strategies should guide improvement in the near future and long-term?

This article was submitted from VACO Chaplain Service after review by Hugh A. Maddry—Director, VA National Chaplain Service, Hampton, VA.

Part 2 of this article will be considered in the January 2005 HealthPOWER! Prevention News

25th Annual Northport Veterans Day 4K Run

NCP participated in the 25th annual Veterans Day Cross Country 4 Kilometer (2.5 mile) Championship at the Northport VA Medical Center, Northport, NY. Rain that turned to snow, with strong winds and temperatures in the 30s in the 24 hours immediately preceding the run did not prevent the nearly three hundred participants from walking or running. Among the participant groups, the veteran group was apparently least affected by the prediction of continued inclement weather. Fortunately, by 0830hrs, the sky cleared and the sun came out.

The race is across the hilly Northport VAMC golf course and is started by a Civil War replica cannon. The course is both scenic and spectator-friendly. (The site is, of historic note, one of the first hospitals built for the Veterans Bureau following WW I.) The most senior veteran runner was Althea Wetherbee, 85, of Huntington Station, NY. Mrs. Wetherbee is a WWII Army vet and mother of Space Shuttle commander James Wetherbee. The race has been designated by the Road Runners Club of America as the 2004 State Cross Country Championship Race.

NCP set up an exhibit table, manned by the conscripted Yevich family, handing out NCP literature, MOVE weight management info, and MOVE pedometers for veterans. The run/walk was followed by refreshments (including bagels, hot chocolate, and homemade clam chowder) served in the Northport VAMC auditorium. Prize money awards were offered, as well as the popular group "dogtag" awards for first through third placers in 13 age/gender categories.

The run was sponsored by the Northport Running Club, American Legion Post 694, Northport VAMC, the US Army, and NCP, to name a few. This is the second year that NCP has chosen Northport as the Vets Day activity to commemorate "Vets on the MOVE".

More photos are featured on the NCP website:
www.VAprevention.com

Links to other information about the run:
http://www.active.com/event_detail.cfm?event_id=1173106
<http://www.timesofnorthport.com/>
<http://www.nrcrun.org/>



Sunshine/VISN 8 Includes *MOVE!* in their Primary Care Forum in Preparation for An Early Implementation of the *MOVE!* Program

Kenneth Jones, PhD
***MOVE!* Program Manager—VA NCP**

NCP was invited to review the status of the Managing Overweight/Obesity for Veterans Everywhere (*MOVE!*) at the annual VISN 8 Ambulatory Care Meeting at St. Petersburg Beach on November 1. Dr. Ken Jones, NCP *MOVE!* Program Manager, gave the first presentation for the annual conference. VISN 8 has been exceptionally supportive in the development of VA's National Weight Management/Physical Activity Program.

Phase I of *MOVE!*, feasibility testing at 17 VA facilities across the nation, is nearly complete. Early feedback shows high satisfaction with patients and staff. The program has been streamlined based on pilot feedback. Phase II will be an early implementation of *MOVE!* at a small number of VISNs and individual facilities. The Sunshine VISN is one of four VISNs (2, 8, 23, & 16) beginning an early implementation of *MOVE!*. National implementation of *MOVE!*, Phase III, is planned for next year.

Pat Ryan of the Offices of Care Coordination (VISN 8 & VACO) is leading VISN 8 in implementing *MOVE!*. Bay Pines, Tampa, North Florida/South Georgia, and the Miami Health Care Systems are beginning *MOVE!* programs within the next 60 days. Norma Figueroa, Pat Mossop, and other *MOVE!* team members of the Tampa Primary Care team presented a poster at the Forum on the implementation strategy of *MOVE!* at the Tampa VAMC.

The VISN 8 Early Implementation Sites met during the Ambulatory Care Forum to review progress. This was the first follow-up meeting to a VISN 8 *MOVE!* planning meeting hosted at the NCP in August. The team shared plans, discussed network coordination, and identified remaining barriers. Dr. Jones presented recent developments in the *MOVE!* program including a revised computerized assessment, a revised patient profile for *MOVE!* clinical staff, and the Quick Start Manual. The *MOVE!* Quick Start Manual was developed through input of the

VISN 8 team and feedback from the feasibility study. The Quick Start Manual is a concise guide for implementing *MOVE!* which includes clinical scripts for patient interaction. Pat Ryan and Dr. Jones will be presenting recommendations for a uniform implementation of *MOVE!* across VISN 8 at their December Executive Leadership Board Meeting.



VISN 8 has been a national VA leader in promoting healthy lifestyles. Now, VISN 8 is taking the lead in addressing the very high levels of overweight/obesity and sedentary lifestyle in veterans and placing veterans at risk for weight-related diseases such as diabetes, hypertension, joint problems, increased risk for some cancers, and obstructive sleep apnea.



RACING TO AN EARLY FINISH...

Cartoon courtesy of Cagle Cartoons, Inc.

27TH ANNUAL GREAT AMERICAN SMOKEOUT

VA Tennessee Valley Health Care System

Patricia Hege, RN

On November 18, 2004, Alvin C. York facility of TVHS actively participated in the Great American Smokeout. A booth was displayed in Building 117 at the Admission area from 7:30 AM until 2:30 PM.

Posters were displayed at this site and in other areas, including the lobby entrance of building 1 in an effort to direct and encourage participation by all veterans and employees. Materials were distributed to educate veterans and employees regarding smoking cessation: the need to cease; methods to decrease the "urge," and county directory of health department related smoking location/activities to assist those who cannot attend our VA campus smoking cessation classes.

"Stop Smoking Survival Kits," containing squeeze balls for stress relief, gum, candy, and pocket cards to encourage smoking cessation were distributed to veterans. Also, diabetics received kits containing sugarless products! The following were given to each veteran and employee to help support their attempt to cease smoking:

1. Health benefits as decreasing risk of heart attack and heart disease;
2. Availability of nicotine replacement therapies as the patch or gum;
3. Free counseling "Quit" line telephone

number of 1-877-44U-QUIT or 1-877-448-7848.

The following employees assisted with preparing the booth, encouraging smoking cessation, and educating veterans and employees: Patricia Hege, Evelyn Maxwell, Jocelyn Miller, Melanie Aaron, and Sandra McClendon. Support was demonstrated by these staff members to help encourage veterans and employees to cease tobacco usage by increasing awareness of the advanced treatments available for smoking cessation. Smokers were encouraged to quit for this day in hope that this would lead to a lifetime free of tobacco.

Smoking is a leading preventable cause of death in the U.S. veteran population. To our astonishment and pleasure, while conducting this event approximately 40% of the veterans who attended the Great American Smokeout booth stated they had "quit"—what GREAT NEWS!!!

A special drawing was designated for employees who pledged to quit for that day. Nine employees pledged, entering their names in the drawing that was conducted at 2:30 PM. The winner of the \$10.00 gift certificate was Mark Rosson of the Business Office.

An extended appreciation is delivered to Dr. Joyce Jones, Kathy Murphy and Nancy Smith for all their time and preparation for this event!!



From left to right: Jocelyn Miller, Sandy McClendon, Tricia Hege, and Evelyn Maxwell

Veterans on the *MOVE!* Report of Activities—November 2004

NCP encouraged VA facilities to participate in the second annual **Veterans on the *MOVE!*** in conjunction this year with the first annual **America on the Move**, held Friday, November 5, 2004. Handouts, including a certificate suitable for customizing, were available for use by the event organizers from NCP's website. Facilities were encouraged to use a team approach and to keep activities simple. Sixteen (16) VISNs, 25 medical centers, and more than 1,600 veterans, staff and others participated across the nation. Plans are already underway at some facilities for next year's event. A complete report has been compiled and is posted on NCP's website: www.VAprevention.com.

Listed below is an abbreviated list of the facilities that sent reports and/or pictures, followed by some of the pictures submitted.

VISN 2

Buffalo, NY

VISN 3

Northport, NY (see page 9 of this newsletter for photos)

VISN 4

Erie, PA

VISN 6

Asheville, NC
Durham, NC
Fayetteville, NC

VISN 7

Central Alabama Veterans Health Care System

VISN 8

Miami, FL
Tampa, FL

VISN 10

Columbus, OH

VISN 11

Ann Arbor, MI

VISN 12

Milwaukee, WI

VISN 15

Poplar Bluff, MO
St. Louis, MO

VISN 16

Fayetteville, AR
Muskogee, OK

VISN 17

South Texas Veterans Health Care System

VISN 20

Boise, ID
Southern Oregon Veterans Health Care System

VISN 21

San Francisco, CA

VISN 22

Long Beach, CA

VISN 23

Central Iowa Health Care System
Iowa City, IA
Sioux Falls, SD



Ann Arbor, MI

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Asheville, NC



Central Alabama



Buffalo, NY



Central Iowa

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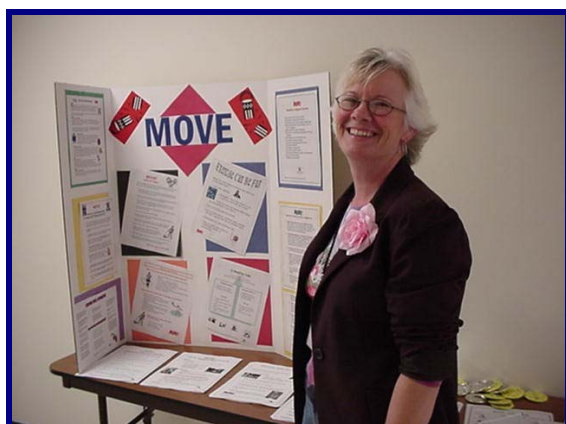
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Columbus, OH



Long Beach, CA



Fayetteville, AR



Milwaukee, WI

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Poplar Bluff, MO



South Texas



San Francisco, CA



Tampa, FL



Infectious Disease Prevention Section: *Kristy Straits-Troster, PhD, ABPP—Assistant Director—VA NCP*

World AIDS Day December 1



HIV/AIDS prevention, treatment, education and research have been important to the Department of Veterans Affairs (VA) since the beginning of epidemic. December 1st marks the annual global effort to recognize the challenges

faced by those living with HIV/AIDS and reminds us to acknowledge and appreciate the VA staff who care for veterans with HIV/AIDS. For over 20 years, state-of-the-art medical care for men and women with HIV has been provided to veterans by the VA-- the single largest provider of HIV/AIDS care in the United States.

This year's World AIDS Day theme is "**Women, Girls, HIV and AIDS**". Since half of the people living with HIV/AIDS now worldwide are women, HIV prevention efforts are increasingly focused on improving strategies for HIV prevention that can be safely implemented and controlled by women. Although most veterans with HIV cared for by the VA are men, there are also nearly 500 female veterans with HIV followed by VA, mostly of child-bearing age.

In support of HIV prevention efforts, the NCP's monthly prevention topic for December is HIV/AIDS Awareness. Please see our website's Monthly Topics section <http://VAprevention.com> for downloadable patient education information tailored for veterans. For World AIDS Day materials and additional electronic VA HIV/AIDS fact sheets and resources, go to <http://publichealth.va.gov/>.

Although December 1st is a day of understanding, hope and compassion, we cannot lose sight of the fact that every 6 seconds someone new is infected with HIV. The VA serves in the vanguard of the global mission to prevent HIV transmission through education, treatment and outreach to veterans at-risk.

World AIDS Day logo courtesy of US Department of Health and Human Services

Mini-Summit on Alcohol Reduction Interventions and Hepatitis C VA Hepatitis C Resource Centers & NCP: An Interim Report

Alcohol is the single biggest threat to liver health....

For veterans infected with the hepatitis C virus (HCV), this may be the ***most important prevention message*** to convey. Yet with increased workload on healthcare providers invested in meeting performance measures, including screening for alcohol abuse and hepatitis C risk factors, how can we help HCV+ patients reduce or eliminate alcohol use as part of a routine office visit? How effective are brief interventions for hazardous alcohol use? Can we tailor an evidence-based brief intervention to the needs of HCV+ veterans who continue to drink alcohol, thus increasing their risk for cirrhosis and decreasing the efficacy of available antiviral treatments?

In an effort to answer these questions and develop a plan to create resources for an effective brief intervention, the VA Hepatitis C Resource Centers (HCRCs) convened a Mini-Summit on Alcohol Reduction Interventions and Hepatitis C September 13-14, 2004 in Seattle, WA, in collaboration with NCP. Representatives from each of the 4 HCRC sites (West Haven, CT; San Francisco, CA; Minneapolis, MN, and NW-Seattle/Portland), VACO and NCP met with experts in substance abuse (Dan Kivlahan, PhD; Katharine Bradley, MD) and brief interventions (Christopher Dunn, PhD). Together, we have reviewed the evidence and are in the process of adapting strategies previously used with success in primary care clinics for lifestyle counseling in chronic disease self-management. Support materials for the brief intervention approach will include posters for clinics, a patient education brochure, lifestyle counseling cards for use during clinic visits, provider training guide, and patient self-monitoring tools. When this product is finalized, it will be distributed for use in clinics that serve a high proportion of veterans with chronic hepatitis C infection. In the meantime, HCV education materials and clinical resources are available at the HCRC website at: <http://www.hepatitis.va.gov/>.

The NCP plans to assist with evaluation of this approach, and customize the most effective components for use with other chronic diseases involving behavior change, including obesity.

HIV/AIDS and Older People

How Do People Get HIV/AIDS?

ANYONE can get HIV and AIDS. Regardless of your age, and especially if you are 50 or older, you may be at risk for HIV if any of the following is true:

- If you are sexually active and don't use a male latex condom;
- If you don't know your partner's sexual and drug history;
- If you inject drugs and share needles or syringes with other people;
- If you had a blood transfusion between 1978 and 1985, or a blood transfusion or operation in a developing country at any time.

Is HIV/AIDS Different in Older People?

The number of older people with HIV/AIDS is on the rise. About 10% of all people diagnosed with AIDS in the US – some 75,000 Americans – are age 50 and older. Because older people don't get tested for HIV/AIDS on a regular basis, there may be even more cases than we know. How has this happened?

- Because older Americans know less about HIV/AIDS than younger age groups: how it is spread; the importance of using condoms and not sharing needles and related equipment; the importance of getting tested; the importance of talking to their doctor.
- Because healthcare workers and educators have neglected the middle age and older population in terms of HIV/AIDS education and prevention.
- Because older people are less likely than younger people to talk about their sex lives or drug use with their doctors.
- Because doctors don't tend to ask their older patients about sex or drug use. It is harder for doctors to recognize symptoms of HIV/AIDS in older people. Doctors need to talk to their patients about the specific behaviors that put them at risk for HIV/AIDS.
- Older people often mistake HIV/AIDS symptoms for the aches and pains of normal aging, so they are less likely than younger people to get tested for HIV/AIDS. They may be embarrassed, ashamed, and fearful of being tested for HIV/AIDS, a disease connected with having sex and injecting drugs. People age 50 and over may have had the virus for years before being tested. By the time they are diagnosed with HIV/AIDS, the virus may be in its most advanced stages.



Many older people who have HIV/AIDS live in isolation because they are afraid to tell family and friends about their illness. They may have more severe depression than younger people. Older people with HIV/AIDS need support and understanding from their doctors, family, friends and community.

Older people diagnosed with HIV/AIDS do not live as long as younger people who have the virus. It is important to get tested early. The earlier you begin medical treatment, the better your chances for living longer.

For more information about HIV/AIDS Awareness (December Prevention Topic), visit the VA National Center for Health Promotion and Disease Prevention website: www.VAprevention.com

A Struggle With Obesity – My Personal Story
(The second of three articles that detail my personal experience
with obesity and my decision to undergo
Gastric Bypass Surgery [GBS])

By Connie F. Lewis
Editor—HealthPOWER! Prevention News

Part 1 was published in the September 2004 edition of HealthPOWER! Prevention News. To view this article, go to www.VAprevention.com.

Part 2

as mentioned in my previous article, I have struggled with obesity for all of my teen and adult life. Throughout my life, I tried diet after diet without any long-term success. After developing a series of health problems and soon approaching 40 years old, I finally came to the decision to reclaim my health and my life. In the summer of 2003, I started to explore the possibility of bariatric surgery. The thought really scared me to death – I've always heard negative reports about this procedure. Even when celebrities like Carnie Wilson "popularized" GBS, I thought it to be an extreme case of a celebrity wanting a quick fix to her weight problem. I never think of celebrities being real people facing normal, day-to-day problems like everyone else.

Anyway, I thought I would do some research about GBS on my own. I needed to have an unbiased approach to this surgery; I researched information on the internet and read all the literature that I could find. Most importantly, I was able to interact with people who had undergone the procedure. The first person I talked with is a personal friend of my aunt. She had undergone GBS in March 2003. When I first heard that she was scheduled for this procedure, I thought she was crazy for even thinking about doing this to herself. However, when I saw her in July 2003, I could not believe the transformation she had gone through, not to mention that she was feeling absolutely wonderful! I was then curious to find out if she had any regrets about proceeding with the surgery. She warned me to seriously think about what I was thinking of doing, as she refused to endorse this surgery for anyone other than herself. She decided that it was the right thing for her to do.

My friend was very open and honest about everything involving the procedure, including a couple of minor complications that occurred post-surgery. Overall, the procedure was a success and she has greatly benefited. I was given the name and telephone number of the surgeon who performed the procedure, and thanked her for her input.

In August 2003, I contacted the surgeon's office to schedule an appointment. I was told that I needed to attend a 2-hour bariatric seminar before scheduling an office appointment. The nurse scheduled me to attend the seminar in late September 2003.

The surgeon conducted a slide presentation and discourse about bariatric surgery. He provided statistics on the number of overweight/obese adults in our country and the health problems associated with overweight/obesity; provided a step-by-step guide to bariatric surgery; summarized the benefits and risks involved in performing bariatric surgery; discussed several surgery options, including the Lap Band and Roux-en-Y Gastric Bypass; and allowed many of his patients to share their experiences as a result of having bariatric surgery.

After listening intently, I decided that I wanted to be considered for bariatric surgery. At the seminar, a package of materials was provided that were to be filled out and returned to the surgeon's office. The materials were 25 pages of medical history that would help determine if a person was qualified for this procedure. I immediately completed the forms and mailed them back to the office. In two weeks' time, the office contacted me for my first appointment.

Outright, I was impressed with the surgeon and his staff. They were very kind and expressed genuine concern for my health. The initial consultation went very well; the surgeon told me that he wanted to "fix me up" and he was prepared to do everything he

(Continued on page 19)

(Continued from page 18)

needed to make that possible. After agreeing to perform the surgery, he indicated that it was now time to convince the insurance company that it was medically necessary for me to have this surgery. For the next 2 months or so, I had to take every type of medical test. I had a bone density test; endoscopy; thyroid panel; ultrasound to check kidneys, liver, pancreas; EKG and echocardiogram; blood gas; the testing was endless. I also needed a psychological examination performed to determine if I was able to cope with changes, both physically and emotionally following the surgery. A few of these tests were performed in order to gain approval from the insurance company. In addition, I had to provide the insurance company with a weight history for the past 6 years, including any attempts at losing weight (such as my Weight Watchers records or doctor-supervised programs). This information was submitted to the insurance company. In two days, the insurance company approved my surgery. This was in November 2003. I was scheduled for surgery on January 26, 2004.

Initially, I chose not to share my news with anyone other than my immediate family, the NCP Director and my immediate supervisor. I was afraid that people would try to talk me out of going through with the surgery. I just was not prepared to receive any negative feedback from well-meaning people or with someone intruding into my personal life.

Two weeks before surgery, my doctor suggested that I start on an all-protein diet in order to shrink my liver – he was planning for a laparoscopic procedure. If the liver were enlarged, he would have to perform an open procedure. He also ordered blood tests to ensure that all was well. When the blood work came back, it showed I had a bladder infection, so I had to start on antibiotics for the infection to clear before surgery. In addition, the local weather channels were predicting icy conditions for the weekend before the Monday of my surgery. My mother arrived from out of town to accompany me and we decided that we would leave early Sunday to avoid any hazardous road conditions due to inclement weather. We checked into a hotel approximately three miles from the hospital. Of course,

the roads were very icy and the weather was very treacherous for the rest of the evening. The fact that I had to take a laxative and spend the better portion of the night in the bathroom did not make that evening any more pleasant, not to mention that I was very nervous about the surgery.

I was to report to the hospital Monday morning at 7:30 am for an 11:00 am operation. The hospital called late Sunday night to inform me that there would be a two-hour delay because of weather conditions. I was to now report to the hospital at 9:30 am. I arrived at the hospital a little before 9:30, changed clothes, and had my vitals and history checked. I was rolled into the prep room and hooked up to the IV. Again, my vitals were taken. My surgeon came in about ½ hour later and realized that he needed to take another blood test to insure that my infection had cleared. The tests confirmed that my infection had cleared, but another problem had developed. My hemoglobin had dropped! In earlier discussions with my surgeon, I expressed to him that because of religious beliefs I would not consider a blood transfusion. He supported my decision 100%. However, when my hemoglobin dropped, he was unwilling to jeopardize my life in the event that I would have complications during surgery. It was his suggestion—no his insistence—that I would wait to have the surgery when my blood count was elevated. Just imagine the disappointment I felt, but I knew the most practical and safest option was to wait.

During the 2-month waiting period, my hemoglobin significantly elevated and my doctor was able to reschedule surgery for April 12, 2004.

(The final article of this series will appear in the March 2005 HealthPOWER! Prevention News)



This picture was taken 3 1/2 months post surgery (57 pound weight loss)

NCP Participates in NIOSH Conference

Rosemary Strickland, APRN, BC

Acting Assistant Director, Field Operations—VA NCP

NCP staff (Steve Yevich, MD, MPH, Director; Kenneth Jones, PhD, *MOVE!* Program Manager; Don Kirkendall, PhD, Acting AD, Research; and Rosemary Strickland, APRN, BC, Acting AD, Field Operations) attended the National Institute for Occupational Safety and Health (NIOSH) symposium, "Steps to a HealthierUS Workforce," held in Washington, DC, October 26-28, 2004. The initiative was driven by the fact that workers, families and employers share the goal of protecting, preserving and improving worker health. Posters were selected based on scientific or programmatic information relevant to the initiative.

Major presentations and related interactive workgroups were focused on three draft papers written by a topic expert, who presented the paper, responded to feedback from other experts about the initial document, and then opened the discussion to the audience. One track explored the current state of the science of assessment and outcomes related to the integration/coordination of health promotion and health protection with a focus on building consensus around future priorities. Another track highlighted examples of effective programs integrating high quality Occupational Safety Health programs with health promotion and explored policy impact and



Ken Jones at display board

indicated implications for future research. The third track focused on the economics of the interrelationships among worksite health promotion, effective OHS prevention programs, workers' compensation costs, health care costs, and productivity.

There were approximately 500 individuals in attendance at the conference. In addition to the main presentations, concurrent sessions addressed best practices, barriers to success, and recommendations for overcoming barriers. The main goal of the symposium was to bring together key players in health promotion, occupational safety and health communities "to highlight common interests and develop mutually supportive strategies for research and practice to improve worker health, safety, and well being."



Rosemary Strickland at display board

NCP Welcomes New Staff



Dr. John Elter is Senior Epidemiologist with SciMetrika, LLC, a public health research contracting firm, working in the Research Section of the VA National Center for Health Promotion and Disease Prevention (NCP). His duties include

the conduct of the *MOVE!* evaluation and the planning and implementation of the Veterans Health Survey. Dr. Elter supports research in all forms at the Center.

Prior to coming to NCP, Dr. Elter served as Auxiliaries Officer and Damage Control Assistant aboard the USS Boston (CA-69) from 1968-1970, including a combat tour to the western Pacific. He graduated from the University of Connecticut School of Dental Medicine in 1975, followed by residencies in dental anesthesiology at Long Island Jewish Medical Center and in and general dentistry at Yale University, followed by service as Dental Officer in the United States Naval Reserve. Following separation from the Navy, Dr. Elter practiced dental anesthesia and hospital dentistry in Connecticut from 1976 until 1994, where he was instrumental in founding hospital dentistry programs for the treatment of multiply handicapped adults and was active in dental residency education and state and national organizations.

In 1997, Dr. Elter was awarded a National Research Service Award (NRSA) fellowship to earn a PhD in epidemiology from the University of North Carolina School of Public Health. He received another NRSA for a postdoctoral fellowship at the UNC Cecil B. Sheps Center for Health Services Research in 1997.

Immediately prior to NCP, Dr. Elter was Assistant Professor of Dental Ecology at the School of Dentistry, UNC Chapel Hill. He served as Associate Director of a clinical research unit, and conducted epidemiological studies in oral pharyngeal cancer and the relationship of chronic

oral infection to clinical and sub-clinical cardiovascular disease. Dr. Elter also served as research epidemiologist at the Durham VA Epidemiology Research Information Center (ERIC), where he authored and directed a number of studies related to cancer prevention and detection in veterans. Dr. Elter has been primary author on a number of articles published in peer-reviewed journals.

Dr. Elter lives on a horse farm in Raleigh with his wife, Barbara, where he serves as "hay boy." He and his wife have three daughters and one grandson; he is an avid baseball and hockey fan.



Bryan Paynter started with VA NCP in the fall of 2004. He joins the administration team as an application developer for the *MOVE!* Program.

After graduating from North Carolina State University with a BS in Economics, he has been immersed in the tech IT industry. He started out creating dynamic interactive CDs and then quickly moved into full application development, primarily focused on internet solutions.

Outside the office, Bryan enjoys time with his wife, Monica, and two kids, Bryan and Reghan. He also enjoys all sports, but is a bit too consumed with hockey (Go Rangers!). He considers himself addicted to dumb reality shows as well.

Motivational Interviewing for Therapeutic Lifestyle Changes

Ben Walton, PA

VA Medical Center, West Palm Beach, FL

There is a useful new technique being incorporated into clinical practice today called motivational interviewing. Research supporting efficacy has been done in the treatment of alcohol abuse. Authors have theorized that motivational interviewing may also be useful in addressing behaviors relating to cigarette smoking, weight reduction and dietary changes.

It is not surprising that a tool developed to treat alcoholism should prove useful in motivating therapeutic lifestyle changes (TLC) in the primary care practice setting. Addiction to alcohol mimics behavior commonly seen in patients who are 'addicted' to unhealthy lifestyles. These risk behaviors contributing to a person's illness are protected by the same defense mechanisms seen in alcoholics. The challenge faced by the clinician in effecting TLC is the same faced in motivating an alcoholic toward recovery.

Motivational interviewing identifies "the stage of change for a particular patient at a point in time and encourage(s) the patient to move to the next stage." (1) The model describes a patient's "readiness to change" as being at the "precontemplation, contemplation, preparation, action, maintenance, or relapse" (2) stage. The stage is determined by the patient's response to questions about change:

Precontemplation - defensive and uninterested in change

Contemplation - pros and cons of a behavior change considered

Preparation - some planning made toward making the change(s)

Action - is making a real effort to change behavior

Maintenance - change made, focus of effort is relapse prevention

Relapse - successfully changed, but relapsed to old behavior

There is a low likelihood of effecting TLC if the clinician does not take the time to learn the patient's 'readiness to change'. In fact, the likelihood is that the clinician will then "contribute to a patient's demoralization and discouragement, thereby

increasing resistance to change." (1) The immediate goal is always to trigger change to the next stage of 'readiness to change'. Encounters are expected to be brief, and to include active listening, empathy and encouragement. Creating dialogue, expressing objectivity, developing options, offering choices and expressing commitment are the tools of motivational interviewing. Different strategies are appropriate depending on the patient's stage:

Precontemplation - offer information about risks, give handouts

Contemplation - build rapport, listen rather than talk, help patient work through their ambivalence

Preparation - support, help plan and problem solve

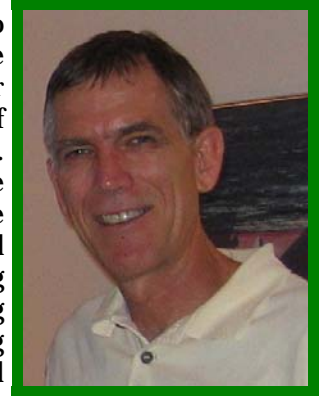
Action - reinforce behavior, offer coping skills

Maintenance - review strategies, encourage sharing with others

Relapse - help patient re-frame as a learning experience

With patients in the precontemplation and contemplation stages "the general mechanism is to create a discrepancy between patient's perception of their current status and their desired short- or long-term goals." (1) A successful clinician probably already uses these techniques. The vocabulary of motivational interviewing now allows discussion, refinement and teaching of these skills.

1. Noble: Textbook of Primary Care Medicine, 3rd ed., Copyright 2001, Mosby, Inc, p 15
2. Mackey SL. Treating patients with TLC: incorporating therapeutic lifestyle changes into your practice. *From evidence to practice: Optimizing lipid-lowering therapy*. Johns Hopkins University School of Medicine Advanced Studies in Medicine. Oct 2003; Vol 3 (9A); S882-7



Stages of Change:

Precontemplation
Contemplation
Preparation
Action
Maintenance
Relapse

VHA WELLNESS PROGRAMS

The Wellness Advisory Council, which started in February 04, has been meeting monthly since June. Identified goals for the group include creation of a database of Wellness programs and a Wellness Directive. Committee members provide periodic updates of program status.

The group has identified several issues for further exploration. There is no consistency in the service to which Wellness Coordinators are assigned. Coordinators may report to Employee Health, HRMS, Ambulatory or Primary Care. Some programs are funded for a Coordinator position and/or have a budget, others have access to limited funds, and others have no assigned funds or resources. Some facilities allow for contracted programs, such as Yoga classes; other facilities have developed their own classes from their local facility resources. Legal issues associated with Wellness programs also concern this group.

In spite of (and perhaps because of) the inconsistencies in the above, Wellness Coordinators are creative, enthusiastic and dynamic. Employee health/Wellness services provided vary from specific classes (weight management/exercise/nutrition, etc.) to health screenings via employee health fairs or issue specific drives (cholesterol checks) and more.

At the most recent Council meeting, members shared the following strategies:

Canandaigua, NY (POC – Pam Chester) is sponsoring its 3rd Virtual Walk – to the North Pole (Exercise Express). They've already been to New Orleans and Hawaii.

Fargo, ND (POC – Katherine Zimney) has started a quarterly Wellness Newsletter, featuring 2 "fallen stars" (retirees) and 2 "rising stars" (new employees).

Cincinnati, OH (POC—Bettye Morgan) plans to start a new program in January – "Balancing the Numbers" - with a focus on key health related numbers, such as BMI, etc.

These are just a few examples of the many wonderful ideas being developed by this group and reflect the activities of Coordinators across the nation. Watch for more featured activities in future newsletters.

Interest in wellness appears to be on the rise. Weekly, NCP fields requests from Wellness contacts for a communication/networking opportunity. **If you would like to participate in a Quarterly Wellness Conference Call (to network, share resources and ideas, establish POCs), please contact Rosemary.Strickland@med.va.gov to express your interest.**

Updated Adult Immunization Schedule for 2004-2005

Linda Kinsinger, MD, MPH
**Assistant Director for Policy, Programs,
 Training and Education—VA NCP**



Each year, the CDC's Advisory Committee on Immunization Practices (ACIP) reviews and updates, as needed, the recommended Adult Immunization Schedule to ensure that it is consistent with current recommendations. The 2004-2005 schedule is now available at: <http://www.cdc.gov/mmwr/pdf/wk/mm5345-Immunization.pdf>

Changes in the new schedule include the following:

- Health care workers have been added to the figure that provides immunization recommendations by medical indications and other conditions (Figure 2). Health care workers are a special population for whom the recommendations for immunizations are especially important.
- The footnote for influenza vaccination has been modified to include all pregnant women (not just those in the 2nd or 3rd trimester of pregnancy, as before), in keeping with the revised 2004 ACIP influenza recommendations.
- The figure (Figure 2) listing recommendations by vaccine and medical and other indications has been reformatted slightly, so that the vaccines are listed along the left and the indications are across the top.

The Summary of Recommendations for Adult Immunization from the Immunization Action Coalition (at <http://www.immunize.org/catg.d/p2011b.pdf>), included in this year's Influenza/Pneumococcal Toolkit, addresses the current recommendation for pregnant women and complements the CDC schedule.



Cartoon reprinted with permission from Cagle Cartoons, Inc.

Infection: Don't Pass It On

A VA Public Health Campaign for Health Care Staff, Patients, Visitors

Connie Raab

*Director, Public Health Communications
Office of Public Health and Environmental Hazards*

VHA prevention managers are an important part of a timely new campaign being launched by VA called "Infection: Don't Pass It On" that encourages everyone in our VA community – paid staff or volunteer, clinical or nonclinical, patient or visitor – to get involved in preventing infections. The campaign promotes public health measures – such as cleaning your hands and covering your coughs and sneezes – that can make a huge difference in reducing the spread of infection, and can save time, money, and lives.

The campaign is being spearheaded by the Office of Public Health and Environmental Hazards, the National Center for Patient Safety, and the Employee Education System, along with VA experts in infection control.

The campaign team is working through several disciplines in VA hospitals to get the messages out and has identified seven key contact groups in each facility. Prevention managers are one key group. Other key groups are infection control professionals, patient safety officers, occupational health staff, public affairs officers, education contacts, and patient educators. These various professionals reach a wide range of people and the campaign is providing them tools and lots of encouragement to promote the messages of hand and respiratory hygiene. In fact several of the posters were used in developing the NCP 2004-2005 Influenza/Pneumococcal Toolkit.

Underlying rationales for the campaign

The campaign has several important rationales. One is the promotion of safety for patients and staff – and their loved ones and the community – and reduction of illness. Health care associated infections account for 50% of all major hospital

complications and have occurred in about one in 20 patients admitted to US hospitals in general, according to a 2003 report by the National Academy of Science's Institute of Medicine. Identifying and preventing the causes of these infections is a priority for VA. The number one vector for these infections, according to CDC and its experts, is the hands of health care workers and others who have patient contact.



A second rationale for the campaign is preparedness, including preparedness for natural biological events, such as flu season, as well as manmade ones, such as bioterrorist acts.

A third rationale is compliance with regulations and guidelines – as of 2004, the Joint Commission on Accreditation of

Healthcare Organizations (JCAHO) requires that hospitals comply with the current CDC hand hygiene guidelines. The VA's campaign reflects and supports these guidelines, which focus on the use of alcohol-based hand rubs or antimicrobial soap and water to decontaminate hands and the proper use of gloves.

Materials for getting the word out

The campaign team is using color, variety, and sometimes even humor to convey that cleaning hands and covering coughs are important. Together they have come up with 60 posters (10 in Spanish) to carry the messages of the campaign. They are designed to be rotated often to solicit attention and to keep people interested. They make a range of statements and also use photos, drawings, technical shots of bacteria, and cartoons of talking germs. Some posters are meant for clinical or staff areas, most are meant for all areas

(Continued on page 25)

(Continued from page 24)

of the facility. One, which is also in Spanish and has been created both small and large sizes and two designs, simply states: "Patients and Visitors: It's okay to ask health care providers if they have cleaned their hands."

The posters, as well as kits of promotional materials, have been distributed to prevention managers and the other key facility contacts. Additional posters in English or Spanish can be ordered by facility education contacts. All of the posters were also designed to be printed or downloaded from the Web and are a size and contrast that will work on office printers in color or black and white, as yet another way to extend the reach of the campaign.

Help be part of this important campaign and above all: Clean your hands and cover your coughs!

For more information

- The Web site for the VA campaign is www.publichealth.va.gov/InfectionDontPassItOn
- CDC hand hygiene information that is cited here is available at <http://www.cdc.gov/handhygiene>.
- The Institute of Medicine reference is "Priority Areas for National Action, IOM 2003" (<http://www.nap.edu/catalog/10593.html>)



Making a Difference in the Year 2005 Prevention Champion (Individual and Team)

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **National Prevention Champion Award (Individual and Team)**, which will be presented to one VA employee per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration*

Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♣ Someone who has made significant contributions in the field of health promotion and disease prevention (clinical, education, research)
- ♣ Someone who has done an excellent job in a function or on a project related to prevention/health promotion
- ♣ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in prevention/health promotion to veterans served
- ♣ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen

Silver Star Award [the winner of the Prevention Champion (Individual) Award nominates a superior for this award]

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **Silver Star Award**, which will be presented to one individual (meeting the criteria listed below) **named by each Prevention Champion selected (Clinical and Administrative)** per quarter in recognition of their encouragement and support of the Prevention Champions in the Veterans Health Administration*

Prevention Champion winners will be asked to indicate the name of the higher-level individual who has been instrumental in helping that person achieve the status of Prevention Champion. Justification factors to consider:

- ♣ Someone who has made a difference to you
- ♣ Someone who has facilitated career growth
- ♣ Someone who has encouraged the individual to be a prevention champion
- ♣ Someone deemed worthy of such an award, a shaker and a mover who makes the impossible happen
- ♣ This individual may function in an administrative, supervisory, teaching or mentoring capacity

Making a Difference in the Year 2005 Employee Wellness Champion (Team)

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **Team Employee Wellness Champion Award**, which will be presented to one VA team per quarter in recognition of meritorious and distinguished accomplishments in the field of Employee Wellness in the Veterans Health Administration*

Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- ♣ Someone who has made significant contributions in the field of employee wellness
- ♣ Someone who has done an excellent job in a function or on a project related to employee wellness
- ♣ Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in employee wellness to VA staff served
- ♣ Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen
- ♣ Only teams will be considered for this award

2005 Award Nomination Form

Prevention Champion, Prevention Champion (Team), Employee Wellness (Team)



Prevention Champion



Prevention Champion (Team)



Employee Wellness (Team)



Clinical



Administrative

Name of Nominee: _____

Position Title: _____

Where Employed: _____

Service, Department, Unit

Work Phone #

Email Address

Immediate Supervisor: _____

Printed Name

Signature

Work Phone #

The winners will receive:

****A Special Award****Recognition in the HealthPOWER! Prevention News and the Magazine of Ambulatory and Primary Care******Recognition at the Annual Prevention Conference******Recognition on the NCP Website showcasing accomplishments******

1st Quarter

Submission deadline: December 15, 2004

Award announcement: January 15, 2005

2nd Quarter

Submission deadline: March 15, 2005

Award announcement: April 15, 2005

3rd Quarter

Submission deadline: June 15, 2005

Award Announcement: July 15, 2005

4th Quarter

Submission deadline: September 15, 2005

Award announcement: October 15, 2005

You may submit nomination forms via:

Website: www.VAprevention.comE-mail: rosemary.strickland@med.va.gov

Fax: 919-383-7598

Mail: NCP

Attn: Rosemary Strickland
3022 Croasdaile Drive, Suite 200
Durham, NC 27705

Questions?

Please call 919-383-7874
Ext. 233 (Connie) or Ext. 239 (Rosemary)



Happy Holidays!!

VA National Center for Health Promotion
and Disease Prevention
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Durham, NC 27705

Putting Prevention Into Practice in the VA

Visit our Website at www.VAprevention.com